STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155745	A. BUILDING **01** B. WING _____	**09/26/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY CROSS VILLAGE AT NOTRE DAME INC	**PO BOX 303** **NOTRE DAME, IN 46556**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Recertification and Environmental Preoccupancy Survey for the renovated kitchen was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 09/26/14 Facility Number: 002668 Provider Number: 155745 AIM Number: 200325990 Surveyors: Mark Caraher, Life Safety Code Specialist At this Life Safety Code and Environmental Preoccupancy survey, Holy Cross Village at Notre Dame Inc. was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities. This one story facility with a partial basement was determined to be of Type V (111) construction and was fully sprinklered. The original building built in 1964 with the Dujarie Wing added in 1980, the Murphy Wing in 1985 and the Quinn Wing, which is a noncertified comprehensive care unit, in 2007. The facility has a fire alarm system with smoke detection on all levels including in the corridors, in spaces open to the corridors and	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 000	Continued From page 1 hard wired smoke detectors in resident sleeping rooms. The facility has a capacity of 48 and had a census of 41 at the time of this survey. All areas where the residents have customary access were sprinklered exit. All areas which provide facility services are sprinklered. Quality Review by Dennis Austill, Life Safety Code Specialist on 09/29/14.	K 000		